

INSTRUCTIONS

TERMINATE CHILD SUPPORT BECAUSE MY CHILD IS EMANCIPATED, WITH AN AGREEMENT ON ALL ISSUES

STATE OF INDIANA) IN THE _____ SUPERIOR/CIRCUIT COURT
) SS:
COUNTY OF _____) CASE NO. _____

IN RE THE _____ OF:

Petitioner,

V.

Respondent.

FOR THE SECTION ABOVE THE DOTTED LINE, LOOK AT THE COURT PAPERS YOU HAVE FROM THIS CASE AND COPY THE INFORMATION HERE AS IT APPEARS ON THOSE COURT PAPERS.

APPEARANCE BY SELF-REPRESENTED PERSON IN CIVIL CASE

This Appearance Form must be filed on behalf of every party in a civil case.

1. My Name is: _____ PRINT YOUR FULL NAME _____ and I am

Initiating (filing) _____;

Responding (answering or defending) _____; or

Intervening _____;

IF YOU FILED THIS CASE AND YOUR NAME APPEARS AS THE FIRST NAME LISTED ABOVE, CHECK "INITIATING"; IF YOU DID NOT FILE THIS CASE AND YOUR NAME APPEARS AS THE SECOND NAME LISTED ABOVE, CHECK "RESPONDING"

in this case and am representing myself.

2. Contact information for receiving legal service of documents and case information is required by Court Rules: *(NOTE: If you are the Initiating party and this case, or a related case, involves a protection from abuse order, a workplace violence restraining order, or a no-contact order, you must provide an address for the purpose of legal service of documents but that address should not be one that exposes the whereabouts of a petitioner)*

Address: _____ PRINT YOUR FULL ADDRESS _____

Email Address: _____ PRINT YOUR EMAIL ADDRESS _____

Phone: _____ PRINT YOUR PHONE NUMBER _____

FAX: _____ PRINT YOUR FAX NUMBER _____

OR, if in the related case, you have used the Attorney General Confidential address, you may check the box below:

IF YOU USE A
CONFIDENTIAL
ADDRESS
THROUGH THE
OFFICE OF THE
ATTORNEY
GENERAL,
CHECK HERE

Attorney General confidential address.

3. This is a LEAVE BLANK case type as defined in administrative Rule 8(B)(3).
(Clerk will supply this information.)

4. I will accept service by FAX at the following number _____
IF YOU HAVE A FAX NUMBER WHERE YOU WANT TO RECEIVE COURT PAPERS, PRINT IT HERE

INSTRUCTIONS

TERMINATE CHILD SUPPORT BECAUSE MY CHILD IS EMANCIPATED, WITH AN AGREEMENT ON ALL ISSUES

5. This case is a domestic relations matter, involves reciprocal enforcement of support, paternity, delinquency, Child in Need of Services (CHINS), guardianship, or any other proceedings in which support may be an issue, and social security numbers of all family members are supplied on a separately attached document (Form TCM-TR3.1-4) filed as confidential information on light green paper.

CHECK HERE Yes _____ No _____

6. There are related cases: Yes _____ No _____ (If yes, please indicate below.)

IF THERE ARE OTHER COURT CASES INVOLVING YOURSELF, THE OTHER PARTY, AND/OR YOUR CHILD(REN). CHECK "YES"; OTHERWISE, CHECK "NO"

Caption and case number of related cases:

IF YOU CHECKED "NO" FOR #6, SKIP. IF YOU CHECKED "YES" FOR #6, PRINT THE CAPTION AND CASE NUMBER FOR EACH RELATED CASE

Caption: _____	Case Number: _____
Caption: _____	Case Number: _____
Caption: _____	Case Number: _____
Caption: _____	Case Number: _____
Caption: _____	Case Number: _____
Caption: _____	Case Number: _____

7. Additional information required by local rule:

IF NECESSARY, PRINT ADDITIONAL INFORMATION REQUIRED BY YOUR COUNTY'S LOCAL RULES

SIGN YOUR NAME

Self-Represented Party

INSTRUCTIONS

TERMINATE CHILD SUPPORT BECAUSE MY CHILD IS
EMANCIPATED, WITH AN AGREEMENT ON ALL ISSUES

NOT FOR PUBLIC ACCESS IN ACCORDANCE WITH ADMINISTRATIVE RULE 9

ATTENTION CLERK: FOR SELF REPRESENTED LITIGANTS, TREAT THIS FORM AS IF IT IS PRINTED ON LIGHT GREEN PAPER

ATTORNEYS MUST SUBMIT THIS FORM ON LIGHT GREEN PAPER. SEE BOTTOM OF PAGE FOR TEXT OF TRIAL RULE 5 (G) (2)

STATE OF INDIANA) IN THE _____ SUPERIOR/CIRCUIT COURT
) SS:
COUNTY OF _____) CASE NO. _____
IN RE THE _____ OF:

Petitioner,

V.

FOR THE SECTION ABOVE THE DOTTED LINE, LOOK AT THE
COURT PAPERS YOU HAVE FROM THIS CASE AND COPY THE
INFORMATION HERE AS IT APPEARS ON THOSE COURT PAPERS.

Respondent.

CIVIL APPEARANCE FORM

Item 5 (Social Security numbers of all family members in cases involving support):

PRINT THE NAME AND SOCIAL SECURITY NUMBER OF
EACH MINOR CHILD YOU HAVE WITH THE OTHER PARTY
WITH WHOM YOU ARE PAYING CHILD SUPPORT

Name: _____	SS # _____
Name: _____	SS # _____
Name: _____	SS # _____
Name: _____	SS # _____
Name: _____	SS # _____
Name: _____	SS # _____
Name: _____	SS # _____
Name: _____	SS # _____

Item 8 (Social Security number of person who is subject to involuntary commitment):

Name: _____ SS # _____

When only a portion of a document contains information excluded from public access pursuant to Administrative Rule 9(G)(1), said information shall be omitted [or redacted] from the filed document and set forth on a separate accompanying document on **light green paper** conspicuously marked "Not For Public Access" and clearly designating [or identifying] the caption and number of the case and the document and location within the document to which the redacted material pertains.

NOT FOR PUBLIC ACCESS

INSTRUCTIONS

TERMINATE CHILD SUPPORT BECAUSE MY CHILD IS EMANCIPATED, WITH AN AGREEMENT ON ALL ISSUES

STATE OF INDIANA) IN THE _____ SUPERIOR/CIRCUIT COURT
) SS:
COUNTY OF _____) CASE NO. _____
IN RE THE _____ OF:

Petitioner,

V.

Respondent.

FOR THE SECTION ABOVE THE DOTTED LINE, LOOK AT THE COURT PAPERS YOU HAVE FROM THIS CASE AND COPY THE INFORMATION HERE AS IT APPEARS ON THOSE COURT PAPERS.

VERIFIED PETITION TO TERMINATE CHILD SUPPORT DUE TO EMANCIPATION OF MINOR CHILD(REN)

Comes now _____ PRINT YOUR FULL NAME, pro se, and hereby files a Verified Petition to Terminate Child Support Due to Emancipation of Minor Child(ren), and states as follows:

1. That parties have PRINT THE NUMBER OF MINOR CHILDREN THAT YOU AND THE OTHER PARTY HAVE TOGETHER _____ minor child(ren), namely:

Name

Date of birth

PRINT THE NAME AND DATE OF BIRTH OF EACH MINOR CHILD

_____	_____
_____	_____
_____	_____

2. On PRINT THE DATE THE CURRENT CHILD SUPPORT ORDER WAS ISSUED _____, this Court ordered that PRINT THE NAME OF THE PARENT WHO WAS ORDERED TO PAY CHILD SUPPORT _____ pay child support to PRINT THE NAME OF THE PARENT WHO RECEIVES CHILD SUPPORT _____ in the weekly amount of PRINT THE AMOUNT OF CHILD SUPPORT ORDERED PER WEEK _____ for the above named child(ren) effective on PRINT THE DATE THE CURRENT CHILD SUPPORT ORDER STARTED _____.

3. The following child(ren) is/are emancipated:

PRINT THE NAME(S) OF THE CHILD(REN) YOU BELIEVE ARE EMANCIPATED _____

4. The reason that my child(ren) is/are emancipated is as follows:

CHECK THE BOX THAT DESCRIBES THE REASON YOUR CHILD(REN) LISTED ABOVE ARE EMANCIPATED AND WRITE THEIR NAME IN THE BLANK. IF YOU HAVE MORE THAN ONE CHILD WHO IS EMANCIPATED, YOU MAY CHECK MULTIPLE BOXES, PLACING THEIR NAMES IN EACH APPROPRIATE BLANK

See the next page for additional items in this list.

- ☐ _____ has turned nineteen (19) years of age.
- ☐ _____ is at least eighteen (18) years of age; has not attended secondary or post-secondary school for the past four (4) months and is not enrolled in a secondary or post-secondary school; and is or is capable of supporting himself/herself through employment.
- ☐ _____ has joined the United States armed services.

INSTRUCTIONS

TERMINATE CHILD SUPPORT BECAUSE MY CHILD IS EMANCIPATED, WITH AN AGREEMENT ON ALL ISSUES

See previous page
for instructions on
this section.

☐
☐

_____ has married

_____ is not under the care or control of either
parent or an individual or agency approved by the court.

PRINT THE DATE YOU BELIEVE THE
CHILD(REN) BECAME EMANCIPATED.
YOU WILL NEED TO PROVIDE
EVIDENCE OF THIS TO THE JUDGE.

5. The date upon which my child(ren) became emancipated was _____.

6. My child support obligation should be terminated because of the emancipation of my
child(ren), _____.
PRINT THE NAME(S) OF THE CHILD(REN) YOU BELIEVE ARE EMANCIPATED

7. The termination of my support obligation should be retroactive to the date(s) stated in
Paragraph 5 above.

WHEREFORE, _____ PRINT YOUR FULL NAME _____ requests that this Court set this matter for
hearing for the purpose of declaring my child(ren) emancipated, terminating my child support
obligation, and order all other further relief that is just and proper in the premises.

I affirm under the penalties of perjury that the foregoing representations are true.

SIGN YOUR NAME _____

Signature

PRINT YOUR FULL NAME _____

PRINT YOUR STREET ADDRESS _____

PRINT YOUR CITY, STATE AND ZIP CODE _____

CERTIFICATE OF SERVICE

I hereby certify that I sent a copy of this Petition by first class mail to the opposing attorney, or
the opposing party if the opposing party is not represented by an attorney, on _____ PRINT THE DATE YOU WILL FILE THE FORMS

SIGN YOUR NAME _____

Signature

INSTRUCTIONS

TERMINATE CHILD SUPPORT BECAUSE MY CHILD IS EMANCIPATED, WITH AN AGREEMENT ON ALL ISSUES

STATE OF INDIANA) IN THE _____ SUPERIOR/CIRCUIT COURT
) SS:
COUNTY OF _____) CASE NO. _____
IN RE THE _____ OF:

Petitioner,

V.

Respondent.

FOR THE SECTION ABOVE THE DOTTED LINE, LOOK AT THE COURT PAPERS YOU HAVE FROM THIS CASE AND COPY THE INFORMATION HERE AS IT APPEARS ON THOSE COURT PAPERS.

AGREED ENTRY TO TERMINATE CHILD SUPPORT DUE TO EMANCIPATION OF MINOR CHILD(REN)

COMES NOW _____ **PRINT YOUR NAME**, pro se, and
_____, **PRINT THE OTHER PARTY'S NAME**, and submit the following terms as evidence of their agreement in this matter:

1. That the parties have _____ **PRINT THE NUMBER OF MINOR CHILDREN THAT YOU AND THE OTHER PARTY HAVE TOGETHER** minor child (ren), namely:

Name

Date of birth

PRINT THE NAME AND DATE OF BIRTH OF EACH MINOR CHILD

_____	_____
_____	_____
_____	_____
_____	_____

2. That on _____ **PRINT THE DATE THE CURRENT CHILD SUPPORT ORDER WAS ISSUED**, this Court ordered that _____ **PRINT YOUR NAME**
pay child support to _____ **PRINT THE OTHER PARTY'S NAME** in the weekly amount of _____ **PRINT THE AMOUNT OF CHILD SUPPORT ORDERED PER WEEK**
for the above named child(ren) effective on _____ **PRINT THE DATE THE CURRENT CHILD SUPPORT ORDER STARTED**.

3. That since that time, our child(ren) has/have become emancipated.

4. Child support should be terminated to reflect the emancipation of my child(ren)
_____, **PRINT THE NAME(S) OF THE CHILD(REN) YOU BELIEVE ARE EMANCIPATED**.

5. _____ **PRINT YOUR NAME** will no longer pay current child support to
_____, **PRINT THE OTHER PARTY'S NAME**.

INSTRUCTIONS

TERMINATE CHILD SUPPORT BECAUSE MY CHILD IS
EMANCIPATED, WITH AN AGREEMENT ON ALL ISSUES

ARREARAGE INFORMATION (select only one option)

_____ There is not an arrearage on this account and the arrearage is set at zero and the account shall be closed.

_____ There is an arrearage on this account of \$_____. _____
is ordered to pay \$_____ per week on the arrearage until such time as the arrearage is paid in full.

SIGN YOUR NAME IN THE PRESENCE OF A NOTARY

Your Signature _____

PRINT THE DATE YOU SIGN YOUR NAME _____

Date _____

STATE OF INDIANA)
) SS:
COUNTY OF _____)

Before me, _____, a notary public in and for _____ County, State of Indiana, personally appeared _____, and he/she being first duly sworn upon his/her oath, says that the facts alleged in the foregoing instrument are true.

Date _____

Notary Public

My Commission Expires: _____

OTHER PARTY TO SIGN HIS/HER NAME
IN THE PRESENCE OF A NOTARY

Other Party's Signature _____

OTHER PARTY TO PRINT THE DATE HE/SHE
SIGNS HIS/HER NAME

Date _____

STATE OF INDIANA)
) SS:
COUNTY OF _____)

Before me, _____, a notary public in and for _____ County, State of Indiana, personally appeared _____, and he/she being first duly sworn upon his/her oath, says that the facts alleged in the foregoing instrument are true.

Date _____

Notary Public

My Commission Expires: _____

IT IS THEREFORE ORDERED by the Court that the terms of the parties' agreement as set out above shall be incorporated into this Order.

So ordered this _____ day of _____, 20____.

Judge

Distribution:

PRINT YOUR FULL NAME _____

PRINT YOUR STREET ADDRESS _____

PRINT YOUR CITY, STATE AND ZIP CODE _____

PRINT THE OTHER PARTY'S FULL NAME _____

PRINT THE OTHER PARTY'S STREET ADDRESS _____

PRINT THE OTHER PARTY'S CITY, STATE AND ZIP CODE _____

INSTRUCTIONS

TERMINATE CHILD SUPPORT BECAUSE MY CHILD IS EMANCIPATED, WITH AN AGREEMENT ON ALL ISSUES

STATE OF INDIANA) IN THE _____ SUPERIOR/CIRCUIT COURT
) SS:
COUNTY OF _____) CASE NO. _____
IN RE THE _____ OF:

Petitioner,

V.

Respondent.

FOR THE SECTION ABOVE THE DOTTED LINE, LOOK AT THE COURT PAPERS YOU HAVE FROM THIS CASE AND COPY THE INFORMATION HERE AS IT APPEARS ON THOSE COURT PAPERS.

ORDER GRANTING TERMINATION OF INCOME WITHHOLDING ORDER DUE TO EMANCIPATION OF CHILD(REN)

Comes now, _____ PRINT YOUR FULL NAME _____, pro se, having filed a Verified Petition to Terminate Child Support due to Emancipation of Minor Child(ren). The Court, having read said pleading, having held a hearing on the matter, and having found that the child support obligation should be terminated because of the emancipation of the minor child(ren), now Orders that any Income Withholding Order previously issued in this case is hereby vacated immediately.

IT IS THEREFORE ORDERED that any Income Withholding Order previously issued in this case is hereby vacated. The Clerk is instructed to inform the Employer of this Order.

So ordered this _____ day of _____, 20____.

Judge

Distribution:

PRINT YOUR FULL NAME

PRINT YOUR STREET ADDRESS

PRINT YOUR CITY, STATE AND ZIP CODE

PRINT THE OTHER PARTY'S FULL NAME

PRINT THE OTHER PARTY'S STREET ADDRESS

PRINT THE OTHER PARTY'S CITY, STATE AND ZIP CODE

STATE OF INDIANA) IN THE _____ SUPERIOR/CIRCUIT COURT
) SS:
COUNTY OF _____) CASE NO. _____
IN RE THE _____ OF:

Petitioner,

V.

Respondent.

APPEARANCE BY SELF-REPRESENTED PERSON IN CIVIL CASE

This Appearance Form must be filed on behalf of every party in a civil case.

1. My Name is: _____ and I am

Initiating (filing) _____;

Responding (answering or defending) _____; or

Intervening _____;

in this case and am representing myself.

2. Contact information for receiving legal service of documents and case information is required by Court Rules: *(NOTE: If you are the Initiating party and this case, or a related case, involves a protection from abuse order, a workplace violence restraining order, or a no-contact order, you must provide an address for the purpose of legal service of documents but that address should not be one that exposes the whereabouts of a petitioner)*

Address: _____

Email Address: _____

Phone: _____

FAX: _____

OR, if in the related case, you have used the Attorney General Confidential address, you may check the box below:

____ Attorney General confidential address.

3. This is a _____ case type as defined in administrative Rule 8(B)(3).
(Clerk will supply this information.)

4. I will accept service by FAX at the following number _____

5. This case is a domestic relations matter, involves reciprocal enforcement of support, paternity, delinquency, Child in Need of Services (CHINS), guardianship, or any other proceedings in which support may be an issue, and social security numbers of all family members are supplied on a separately attached document (Form TCM-TR3.1-4) filed as confidential information on light green paper.

_____ Yes _____ No

6. There are related cases: Yes _____ No _____ (*If yes, please indicate below.*)

Caption and case number of related cases:

Caption: _____ Case Number: _____

Caption: _____ Case Number: _____

Caption: _____ Case Number: _____

Caption: _____ Case Number: _____

Caption: _____ Case Number: _____

Caption: _____ Case Number: _____

7. Additional information required by local rule:

Self-Represented Party

NOT FOR PUBLIC ACCESS
IN ACCORDANCE WITH ADMINISTRATIVE RULE 9

ATTENTION CLERK: FOR SELF REPRESENTED LITIGANTS, TREAT THIS FORM AS IF IT IS PRINTED ON LIGHT GREEN PAPER

ATTORNEYS MUST SUBMIT THIS FORM ON LIGHT GREEN PAPER. SEE BOTTOM OF PAGE FOR TEXT OF TRIAL RULE 5 (G) (2)

STATE OF INDIANA) IN THE _____ SUPERIOR/CIRCUIT COURT
) SS:
COUNTY OF _____) CASE NO. _____

IN RE THE _____ OF:

Petitioner,

V.

Respondent.

CIVIL APPEARANCE FORM

Item 5 (Social Security numbers of all family members in cases involving support):

Name: _____	SS # _____
Name: _____	SS # _____
Name: _____	SS # _____
Name: _____	SS # _____
Name: _____	SS # _____
Name: _____	SS # _____
Name: _____	SS # _____
Name: _____	SS # _____

Item 8 (Social Security number of person who is subject to involuntary commitment):

Name: _____ SS # _____

When only a portion of a document contains information excluded from public access pursuant to Administrative Rule 9(G)(1), said information shall be omitted [or redacted] from the filed document and set forth on a separate accompanying document on **light green paper** conspicuously marked "Not For Public Access" and clearly designating [or identifying] the caption and number of the case and the document and location within the document to which the redacted material pertains.

NOT FOR PUBLIC ACCESS

STATE OF INDIANA) IN THE _____ SUPERIOR/CIRCUIT COURT
) SS:
COUNTY OF _____) CASE NO. _____
IN RE THE _____ OF:

Petitioner,

V.

Respondent.

VERIFIED PETITION TO TERMINATE CHILD SUPPORT
DUE TO EMANCIPATION OF MINOR CHILD(REN)

Comes now _____, pro se, and hereby files a Verified Petition to Terminate Child Support Due to Emancipation of Minor Child(ren), and states as follows:

1. That parties have _____ minor child(ren), namely:

Name

Date of birth

_____	_____
_____	_____
_____	_____
_____	_____

2. On _____, this Court ordered that _____ pay child support to _____ in the weekly amount of _____ for the above named child(ren) effective on _____.

3. The following child(ren) is/are emancipated:

4. The reason that my child(ren) is/are emancipated is as follows:

- ☐ _____ has turned nineteen (19) years of age.
- ☐ _____ is at least eighteen (18) years of age; has not attended secondary or post-secondary school for the past four (4) months and is not enrolled in a secondary or post-secondary school; and is or is capable of supporting himself/herself through employment.
- ☐ _____ has joined the United States armed services.

☐ _____ has married

☐ _____ is not under the care or control of either parent or an individual or agency approved by the court.

5. The date upon which my child(ren) became emancipated was _____.

6. My child support obligation should be terminated because of the emancipation of my child(ren), _____.

7. The termination of my support obligation should be retroactive to the date(s) stated in Paragraph 5 above.

WHEREFORE, _____ requests that this Court set this matter for hearing for the purpose of declaring my child(ren) emancipated, terminating my child support obligation, and order all other further relief that is just and proper in the premises.

I affirm under the penalties of perjury that the foregoing representations are true.

Signature

CERTIFICATE OF SERVICE

I hereby certify that I sent a copy of this Petition by first class mail to the opposing attorney, or the opposing party if the opposing party is not represented by an attorney, on _____.

Signature

STATE OF INDIANA) IN THE _____ SUPERIOR/CIRCUIT COURT
) SS:
COUNTY OF _____) CASE NO. _____
IN RE THE _____ OF:

Petitioner,

V.

Respondent.

**AGREED ENTRY TO TERMINATE CHILD SUPPORT
DUE TO EMANCIPATION OF MINOR CHILD(REN)**

COMES NOW _____, pro se, and
_____, and submit the following terms as evidence of their agreement in
this matter:

1. That the parties have _____ minor child (ren), namely:

Name

Date of birth

_____	_____
_____	_____
_____	_____
_____	_____

2. That on _____, this Court ordered that _____
pay child support to _____ in the weekly amount of _____
for the above named child(ren) effective on _____.

3. That since that time, our child(ren) has/have become emancipated.

4. Child support should be terminated to reflect the emancipation of my child(ren)
_____.

5. _____ will no longer pay current child support to
_____.

ARREARAGE INFORMATION (select only one option)

_____ There is not an arrearage on this account and the arrearage is set at zero and the account shall be closed.

_____ There is an arrearage on this account of \$_____. _____ is ordered to pay \$_____ per week on the arrearage until such time as the arrearage is paid in full.

Your Signature

Date

STATE OF INDIANA)
) SS:
COUNTY OF _____)

Before me, _____, a notary public in and for _____ County, State of Indiana, personally appeared _____, and he/she being first duly sworn upon his/her oath, says that the facts alleged in the foregoing instrument are true.

Date _____

Notary Public

My Commission Expires: _____

Other Party's Signature

Date

STATE OF INDIANA)
) SS:
COUNTY OF _____)

Before me, _____, a notary public in and for _____ County, State of Indiana, personally appeared _____, and he/she being first duly sworn upon his/her oath, says that the facts alleged in the foregoing instrument are true.

Date _____

Notary Public

My Commission Expires: _____

IT IS THEREFORE ORDERED by the Court that the terms of the parties' agreement as set out above shall be incorporated into this Order.

So ordered this _____ day of _____, 20____.

Judge

Distribution:

STATE OF INDIANA) IN THE _____ SUPERIOR/CIRCUIT COURT
) SS:
COUNTY OF _____) CASE NO. _____
IN RE THE _____ OF:

Petitioner,

V.

Respondent.

**ORDER GRANTING TERMINATION OF INCOME
WITHHOLDING ORDER DUE TO EMANCIPATION OF CHILD(REN)**

Comes now, _____, pro se, having filed a Verified Petition to Terminate Child Support due to Emancipation of Minor Child(ren). The Court, having read said pleading, having held a hearing on the matter, and having found that the child support obligation should be terminated because of the emancipation of the minor child(ren), now Orders that any Income Withholding Order previously issued in this case is hereby vacated immediately.

IT IS THEREFORE ORDERED that any Income Withholding Order previously issued in this case is hereby vacated. The Clerk is instructed to inform the Employer of this Order.

So ordered this _____ day of _____, 20____.

Judge

Distribution:

